

BILL TO: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <i>Monaco, Don</i> </div> <div style="text-align: right;">           CREDIT CARD ORDERS A/R            CUSTOMER SERVICE CENTER            3301 LEESTOWN ROAD            LEXINGTON            KY 40583-3640         </div> </div>		
PATIENT NAME	CUST. NUMBER	INVOICE NUMBER
13314-006 LI 9	CUST 9991	075101
Tray No. 9444	Date Processed 02/22/01	02/25/01

R. EYE	.00	.00	Axis	Prism	Base Curve
L. EYE	.50	.00			6.00

R. EYE	1.00	28	16.0	R. EYE	62.0	59.0
L. EYE	1.00	28	16.0	L. EYE	62.0	59.0

FRAME DATA	CHARGES										
Size 48.0 Depth 41.0 E.D. 48.0 D.B.L. 24.0  SKU: 032027167329 Model: 74-74VF TMPL. Length: 150 48X24 74-74VF SMOKE  EDGED UNCUT <input checked="" type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>DESCRIPTION</th> <th>PRICE</th> </tr> <tr> <td>RIGHT LENS</td> <td>9.50</td> </tr> <tr> <td>LEFT LENS</td> <td>9.50</td> </tr> <tr> <td>FRAME</td> <td>12.00</td> </tr> <tr> <td>SAFETY</td> <td>2.00</td> </tr> </table>	DESCRIPTION	PRICE	RIGHT LENS	9.50	LEFT LENS	9.50	FRAME	12.00	SAFETY	2.00
DESCRIPTION	PRICE										
RIGHT LENS	9.50										
LEFT LENS	9.50										
FRAME	12.00										
SAFETY	2.00										

Type	LENS DATA	Material
FT-28	Right = 76 Left = 76	CR-39 CLEAR

FDA CODE SEC. 3. 84. 21 CFR  THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3. 84. 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.	<b>NOTE FOLLOWING EXCEPTIONS</b> (1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.
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COMMENTS: J 10050093 LI 9 T-9444 <i>Don Monaco</i> 3-28-01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Sub Total</td> <td>33.00</td> </tr> <tr> <td>TAX</td> <td></td> </tr> <tr> <td>Freight</td> <td></td> </tr> <tr> <td><b>Total Due</b></td> <td><b>33.00</b></td> </tr> </table>	Sub Total	33.00	TAX		Freight		<b>Total Due</b>	<b>33.00</b>
Sub Total	33.00								
TAX									
Freight									
<b>Total Due</b>	<b>33.00</b>								

FROM: <div style="text-align: center;"> <b>75101</b>            POSTMASTER            IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.         </div>	SHIP TO: FCI WASECA HEALTH SV 1000 UNIVERSITY  WASECA MN 56093
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# MEDICAL RECORD

# CONSULTATION SHEET

## REQUEST

OPTOMETRIST

FROM: (If necessary, physician or surgeon)  
DR. GRAY

DATE OF REQUEST

DECEMBER 15, 2000

REASON FOR REQUEST (Complaints and findings)

EYE EXAM

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ ROUTINE ☐ TODAY

☐ BEDSIDE ☐ ON CALL

☐ 72 HOURS ☐ EMERGENCY

## CONSULTATION REPORT

### SUBJECTIVE:

FAR: B.C. NEAR: B.C. ASTHEN: HEADACHE Migrations - Int + Rex (Vaso-Constructive)

EMHX: GLAU - CAT - DIAB

11/15/25  
10/10

Pupils: (p.e.s.s.a. - other)  
EOM: (full unrestricted)

Ophthalmic - Biomicro - Non - Dilated (lenses refused) (not needed)  
Dilated (25 5 1 25 - tropic - cyclo - atrop - pharyle - Parasymp)

Old RX: ☐ OS

ADD+

Manif. ☐ OS  
Ref. ☐ OS

ADD+ 20/20  
20/20

### ASSESSMENT / PLAN

Refraction Summary & Instructions OTHER:

Myopia - Hyperopia  
Astigmatism - Presbyopia

No RX Needed

RX Prescribed: (Full - Distance - Near)

(B.C. RX only)

	SPHERE	CYLINDER	AXIS	PRISM/DIOP	P.D.	ADD	SEG HEIGHT	BIFOCAL	TRIFOCAL	SPECIAL INSTRUCTIONS
R +	PL	—	—	—	62 59	+1.00	16	25 ST 28 ST	7X25 ST 7X28 ST	
L +	50	—	—	—	—	+1.00	16	—	—	
FRAME STYLE	EYE SIZE			BRIDGE			SEALING	TEMPLE LENGTH - SKULL		
828 829 830	44 49 50 52 54			18 20 22 23 24 26			Keyhole	5 5 1/2 6 5/8 6 1/4"		

30

48

27 (Continued on reverse side)

SIGNATURE AND TITLE

J. GUTFLEISCH

J. GUTFLEISCH

DATE

2/7/01

IDENTIFICATION NO

ORGANIZATION

OPTOMETRIST

REGISTER NO

WARD NO

PATIENT'S IDENTIFICATION (For record or release outside the institution, first initial, middle, last, date, hospital or medical facility)

MONACO, DON  
#13314-006

HEALTH SERVICES  
FEDERAL CORRECTIONAL INSTITUTION  
WISCONSIN MINNESOTA 55493

CONSULTATION SHEET  
STANDARD FORM 513, Rev. 1-77  
PRODUCED BY GEACIAN  
FIRMING: CPTM 701-45 505  
513-108

2/7/01

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: FROM: (Requesting physician or activity) DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

AGE:

① Migraines, wants to send in sunglasses.

Old Rx: R.

yrs

L.

Add:

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE APPROVED PLACE OF CONSULTATION ROUTINE TODAY BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO

PATIENT EXAMINED YES NO

V.A. Without Rx

With Rx

Buying Own

R. 20/20

20/

L. 20/20

20/

Contract

PTECH: D

DO: 2RD in P.H. inging D, mca/H FR ⊕ vessels were Add: CFUF = J Full field (a)

Ret: R.

L.

Subj: R. 102503 = 20/20

L. 102503 = 20/20

Rx: R. 102503

#1 L. 102503

OK to send in sunglasses

Rx: R.

#2 L.

A) Minimal hyperopia

⊕ HAS wants to send in sunglasses

Add High Wide

Frame Size 52-22

Temple 6 P.D. /Tint

Add High Wide

Frame P) No box Size

Temple OK to send in sunglasses see PAs about HAs

(Continue on reverse side)

SIGNATURE AND TITLE DATE

IDENTIFICATION NO. ORGANIZATION REGISTER NO. WARD NO.

13314-006

FCI, TERMINAL ISLAND

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Monaco, Don

CONSULTATION SHEET

Medical Record

CODE		AUDIOGRAM	
AIR UNMASKED		(ANSI 1969 REFERENCE LEVELS)	
RIGHT	○ — ○ RED	125 Hz	250 500 1000 2000 4000 8000 0 Hz
LEFT	X — X BLUE		
AIR MASKED			
RIGHT	△ — △ RED		
LEFT	□ — □ BLUE		
BONE UNMASKED			
RIGHT	< --- < RED		
LEFT	> --- > BLUE		
BONE MASKED			
RIGHT	◁ --- ▷ RED		
LEFT	▷ --- ▷ BLUE		
THRESHOLD OF DISCOMFORT		<div style="display: flex; justify-content: space-between;"> <div>HEARING THRESHOLD LEVEL IN DECIBELS (db)</div> <div>100 db</div> </div>	
RIGHT	U — U RED		
LEFT	U — U BLUE		
NO RESPONSE			
OTHER (Specify)			
MASKING LEVEL IN OPPOSITE EAR			

FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB

SPEECH AUDIOMETRY												
EXAMINERS INITIALS	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4	EAR	TWO FREQ	THREE FREQ
RIGHT EAR					RIGHT EAR					RIGHT		
LEFT EAR					LEFT EAR					LEFT		
MASKING LEVEL					MASKING LEVEL							

REMARKS

MONACO, DONALD

13314-006

WORK DETAIL

COL 07-31-1958

FCI TERMINAL ISLAND 90731

AUDIOMETER USED

*Belton*

EXAMINER

*Jimmy Eleyazo, P.E.*  
FCI Terminal Island

NAME

REG. NUMBER

AGE

40

INSTITUTION

FCI TERMINAL ISLAND

DATE

2/23/99



## SUICIDE PREVENTION INVENTORY

Name: MONACO, DonReg.# 13314-006Age: 40Race: WHT.

History of attempted suicides?

YES

?

NO

History of self-mutilations?

?

History of alcoholism?

?

Present suicidal ideas?

✓

Present suicidal plans?

✓

Severe agitation?

?

Sleep disturbances?

?

Lack of appetite?

✓

Severe family problems?

?

Chronic medical problems?

?

## Comments:

40 y/o, caucasian male, no suicidal  
ideation at present.

*Marivel S. Laroza, PA*  
MARIVEL S. LAROZA, PA

PHYSICIAN'S ASSISTANT

DATE

2-18-99 1600

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Psychology* FROM: (Requesting physician or activity) DATE OF REQUEST *6-14-00*

REASON FOR REQUEST (Complaints and findings)

*Please assess for either psychotherapy or psychiatric consult*

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE *Ma Granger* APPROVED PLACE OF CONSULTATION  
☐ BEDSIDE ☐ ON CALL ☐ ROUTINE ☐ TODAY  
☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO TELEMEDICINE ☐ YES ☐ NO

*Please see attached. No decision yet on psychotherapy with student.*

(Continue on reverse side)

SIGNATURE AND TITLE *Samuel K. Mowley PhD* DATE *6/15/00*  
HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT DEPARTMENT/SERVICE OF PATIENT  
RELATION TO SPONSOR SPONSOR'S NAME (Last, first, middle) SPONSOR'S ID NUMBER (SSN or Other)  
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade) REGISTER NO. WARD NO.

CONSULTATION SHEET  
Medical Record

MONACO, DONALD

13314-006

DOB 07-31-1958

HEALTH SERVICES  
FCI WASECA

STANDARD FORM 513 (REV. 4-98)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

*Ma Granger*  
*6/20/00*

\*\* LIMITED OFFICIAL USE \*\*

PSYCHOLOGY SERVICES INTAKE SCREENING SUMMARY

Date .....: June 2, 2000  
Inmate .....: MONACO, DONALD  
Reg. No .....: 13314-006  
Unit: UNIT B/E  
Author .....: *David R. Moody M.A.* DAVID MOODY, PH.D., M.B.A.  
Title .....: STAFF PSYCHOLOGIST  
Institution : FCI WASECA

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TREATMENT/MENTAL HEALTH HISTORY:

Inmate MONACO reported the following:

Out-patient treatment: While at Terminal Island; opt. drug tx., see Comments  
Suicide Attempts: Unclear - see Comments  
Violence: Misdemeanor assault from bar fight; see Comments

MENTAL STATUS:

During the screening interview no mental status items were noteworthy. His psychological stability for custody is judged to be FAVORABLE.

DRUG ABUSE HISTORY:

Inmate MONACO reports a history of substance abuse. His primary drug of addiction/abuse is COCAINE. He is interested in drug abuse treatment.

PROGRAM/TREATMENT RECOMMENDATIONS:

Based on the interview, the following programs/treatment are recommended:

Individual Psychotherapy  
Drug Abuse Program

Inmate MONACO reported an interest in participating in programs/treatment.

COMMENTS:

Inmate is a 41 year old white male sentenced to possession of cocaine/heroin WITD, possession of flunitrazepam and possession of a firearm during a drug trafficking offense. He claims to have served approximately 30 months to date. Transferred in from FCI Terminal Island due to a reduction in level. PRD 05-30-2007.

Inmate reports a lengthy drug dependence history which has led, directly or indirectly, into an extensive legal history. His drugs of choice were cocaine, heroin and alcohol. He claims that he completed a six month residential drug treatment program run by the Salvation Army. He has completed DEP and is unsure as to whether he is interested in further treatment. None-the-less, it is recommended that he apply for RDAP when eligible and participate in Living Sober class while waiting for RDAP eligibility.

The inmate reports a conviction for minor theft at age 13, for which he served six months probation. He was convicted of a Class C misdemeanor

Psychology Services Intake Screening Summary  
MONACO, DONALD  
13314-006

assault in Texas as a result of a fight in a bar. He was hit by a woman, who he then hit back. Her male friends then jumped in to help her and the inmate reports having been beaten. He was then arrested and placed in jail overnight and received a fine. In 1994 in Alaska he was placed in jail overnight due to disorderly conduct.

The inmate states that he has Hepatitis C and that this is a concern of his. He was advised to discuss his medical condition with Health Services staff.

The inmate reports having overdosed on drugs numerous times, starting at age 12 at the time of his parents' divorce. He is unsure as to whether the overdoses were suicidal in nature or just accidental. He does admit to virtually constant suicidal ideation while using drugs. He denies such ideation while sober and since his incarceration.

The inmate reports gender identity problems as well as long-standing anger towards his father. Now he is reporting mild levels of depression and anxiety due to the distance he is from home (California). He claims to have received individual psychotherapy once to twice per week while at FCI Terminal Island. Apparently graduate students on placement there met with him. He would like the same sort of arrangement while at FCI Waseca. His request will be forwarded to Dr. Harowski for consideration.

Inmate denies any history of sexual abuse/assault. Violence as discussed above. No indication of mental disability noted. No MDS entry justified at this point. Treatment recommendations as discussed above.



## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO:

PSYCHOLOGY

FROM: (Requesting physician or agency)

OPD

DATE OF REQUEST

4-29-77

REASON FOR REQUEST (Complaints and findings)

For psychotherapy

## PROVISIONAL DIAGNOSIS

D. DAVENON, NOS

2) R/O Transvestite fetishism

DOCTOR'S SIGNATURE

REDENTOR CORNEJO, PA

FCI TERMINAL ISLAND

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED

☒ YES ☐ NO

PATIENT EXAMINED

☐ YES ☐ NO

Inmate will be placed  
on waiting list for  
therapy. He'll be  
on Open House bi-weekly  
& will attend B-unit  
group.

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MORACO, DONALD

13314-006

DOB 07-31-1958

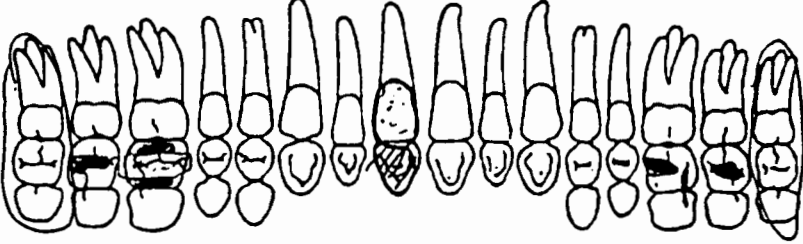
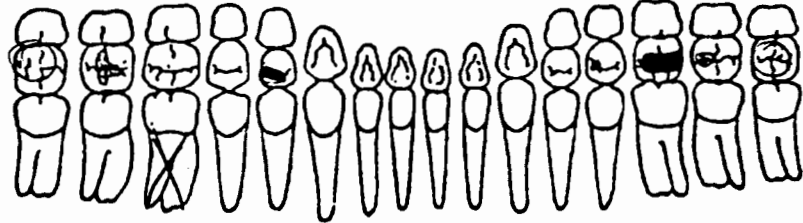
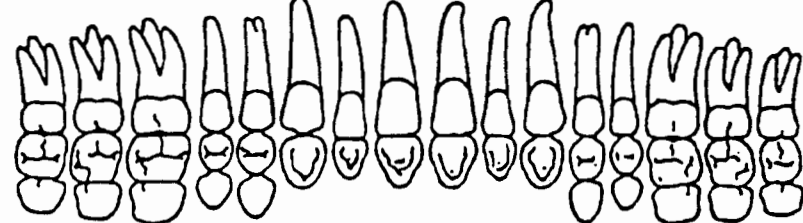
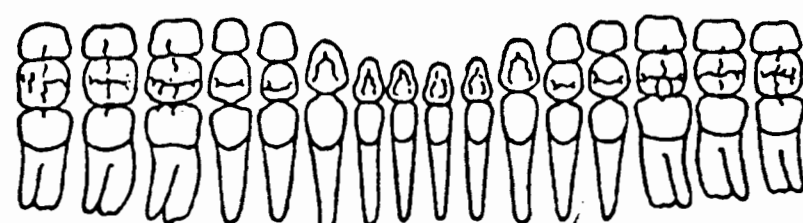
FCI TERMINAL ISLAND 90731

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-82)  
Prescribed by GSA/ICMR, FIMR (41 CFR) 201-9.202

FPI - LO

Examination: <input checked="" type="checkbox"/> Screening <input type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic		Occlusion <u>Class I Dside</u>
		Oral Hygiene Good <u>Fair</u> Poor
		CPITN <u>Did not probe</u>
Head & Neck/Soft Tissue <u>geographic tongue</u>		Additional Findings
Treatment Completed		Recommended Treatment Plan
		<input type="checkbox"/> Radiographs
		<input type="checkbox"/> Dental Prophylaxis <input type="checkbox"/> Oral Hygiene Instruction <input type="checkbox"/> Periodontal Evaluation    0    I    II    III
Patient Name                      Number                      Sex: <u>M</u> F    Age:		<input type="checkbox"/> Oral Surgical Procedures
<u>Monaco, Don</u> <u>13314-006</u>		<input type="checkbox"/> Endodontic
		<input type="checkbox"/> Restorative
		<input type="checkbox"/> Prosthodontic Evaluation

Dentist Signature

Date

11/8/03

Date/Time	#	Diagnosis - Treatment - Remarks
1/28/03 1445		A+O intake exam. Oral hygiene instructions given orally and written. Patient appears to understand the importance of daily dental flossing and regular tooth brushing.
		JJ Cook, RDA
		[Signature]
		WENT CATELY, LDC/OD

WENT CAMEL, 1001000

# FEDERAL BUREAU OF PRISONS DENTAL/MEDICAL HEALTH HISTORY FORM

- \*\*\*\*\*
1. Are you currently taking any medication? ☒ Yes ☐ No  
If so, what? Imetrex ANTI-BIOTIC ON F/ARE-UPS  
Aspirin daily to every other day
  2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? ☒ Yes ☐ No  
PENICILLIN AS A CHILD
  3. Have you been under the care of a physician during the past two years? If so, why? ☒ Yes ☐ No  
MIGRAINES, some heart, liver, foot, psychological + herpes problems.
  4. Have you been hospitalized in the past two years? If so, why? Yes ☒ (No)  
\_\_\_\_\_
  5. Do you have or have you ever had a heart murmur or been treated for a heart condition? ☒ Yes ☐ No  
Calcified Aortic Valve, heart palpitations + some related problems.
  6. Do your ankles ever swell during the day? Yes ☒ (No)  
Not normally but they have on several occasions
  7. Have you ever been treated for a tumor or growth? ☒ Yes ☐ No  
A few minor skin growths (one pending)
  8. Have you ever had abnormal bleeding? Yes ☒ (No)
  9. Have you ever had serious difficulty with any dental treatment? ☒ Yes ☐ No  
Some major fillings + one tooth pulled + still missing.

Circle any of the following that you have had:

☒ Congenital Heart Defects ?  
☒ Heart Attack or Heart Problems  
☒ Rheumatic Fever ?  
☐ Anemia (blood problems)  
☐ Thyroid Problems one time  
☐ Chronic Bronchitis  
☒ Psychiatric Treatment psychotherapy  
☐ Artificial Joint

☐ Heart Murmur  
☐ High Blood Pressure  
☐ Heart Pacemaker  
☐ Epilepsy or Seizures Migraine attacks + temporary blindness  
☐ AIDS or HIV Infection  
☐ Tuberculosis (TB)  
☐ Artificial Heart Valve  
☐ Venereal Disease (syphilis, gonorrhea)

☒ Angina  
☐ Stroke  
☐ Diabetes  
☐ Asthma  
☐ Emphysema  
☒ Hepatitis B + C Chronic  
☐ Arthritis

Do you have any disease, condition, or problem not listed?

See Migraine above + I also have an enlarged spleen, splenomegaly + some digestive problems

Name: Don Monaco

Reg No. 13314-006

Institution: FPC Duluth

Date: 1-22-03

NLMH 1-28--3

KURT SAVELA, DDS/CDO

HEALTH SERVICES UNIT  
FEDERAL PRISON CAMP  
DULUTH, MN 55814

**F.C.I. WASECA**  
Waseca, MN 56093

[illegible]

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

**REGISTER NO.**

WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

### DENTAL TREATMENT RECORD

HSA-237 (6-74)

F.C.I. WASECA  
Waseca, MN 56093

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
11-2-00	Patient was premedicated at 1045.		
1200	Pain was relieved to be back at 1200 for his prophylactic appointment.		
	He came 35 min AOT 11-2-00 45 minutes later, Prophylaxis		
	hand scaled Rubber Cup polish. Oral hygiene was fair. Calculus deposits were slight to moderate supra and subgingival. Gingival tissue was essentially healthy with localized bleeding.		
	Plaque control instruction given.		
	Peri. exp.		
	A. Schroeder RDH		
0930	A. SCHROEDER, RDH		
01-10-01	Comprehensive oral examination - see charting. 4 BW. radiographs. All findings discussed with patient. Next Op.	S.J. PETRIE, DDS	
4-16-01	Dispensatory amalgam restoration. One Vespul 27 tubular with 1:10 <sup>5</sup> exp. Occlusion checked. Treatment plan complete.	S.J. PETRIE, DDS	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

DENTAL TREATMENT RECORD

HSA-237 (6-74)

DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
12-5-02	<p>Sick call</p> <p>S: Tooth # 19 sensitive to sweets</p> <p>O: Deep recurrent caries. No principal changes.</p> <p>A: Reversible (?) pulpitis</p> <p>P: Lamination I.P.A. radiograph</p> <p>Patient informed of possible endodontic involvement, and the possibility of future tooth loss if endodontic treatment is attempted. Appointment scheduled to re-evaluate caries and evaluate.</p> <p>The patient asked whether we would place bridge # 29-31, to replace missing tooth # 30. He expressed belief that his problem with tooth # 19 is because he is forced to chew on left side due to missing tooth.</p> <p>Patient education concerning etiology of caries. Tooth # 30 has been missing at least 3 years, without significant tipping or drifting of adjacent teeth. I explained to patient that replacement of tooth # 30, in my opinion, is not medically necessary, and for this reason I do not plan to fabricate bridge.</p>	

*[Signature]*  
S.S. PATRICK, DDS

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☐ Screening ☒ Comprehensive ☐ Periodic

Occlusion

Class I

Oral Hygiene

Good

Fair

Poor

CPITN

Defer

Head &amp; Neck/Soft Tissue

Within Normal Limits

Additional Findings

D:

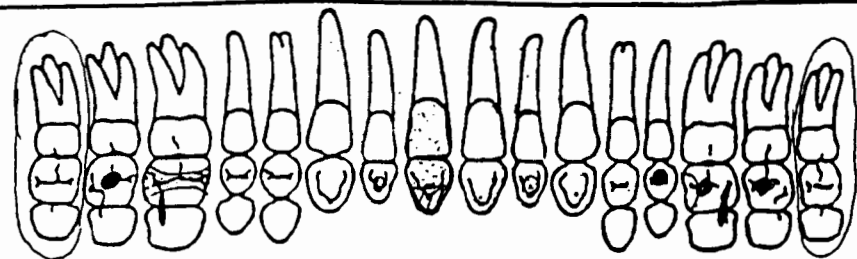
I

M:

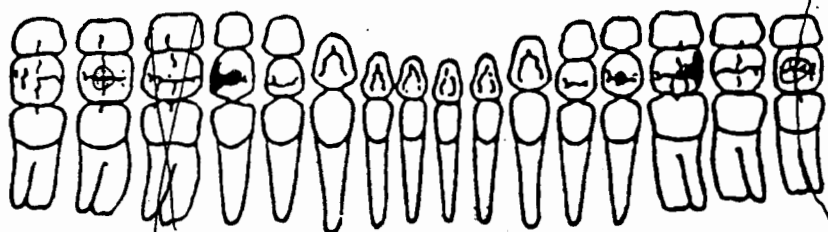
I

F:

II



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Treatment Completed

Recommended Treatment Plan

☒ Radiographs

4 BW - 1-10-01

☒ Dental Prophylaxis☒ Oral Hygiene Instruction

11-2-00

☐ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures

None at this time

☐ Endodontic

None

☐ Restorative

#14 MO - 4-16-01

☐ Prosthodontic Evaluation

None

Dentist Signature

S.J. PETRIE, DDS

Date

1-10-01

Patient Name

Number

Sex: M F Age:

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN



AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☐ Screening ☐ Comprehensive ☐ PeriodicOcclusion *I*

Oral Hygiene

Good

Fair

Poor

CPITN

1	0	1
0	1	1

Head &amp; Neck/Soft Tissue

*within normal limits*

Additional Findings

D: *Am 6-22-00*M: *1*F: *1**geographic tongue*  
*premed*

Treatment Completed

Recommended Treatment Plan

☐ Radiographs

TO BE DETERMINED

☒ Dental Prophylaxis☐ Oral Hygiene Instruction☐ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures

TO BE DETERMINED

☐ Endodontic

TO BE DETERMINED

☐ Restorative

TO BE DETERMINED

☐ Prosthodontic Evaluation

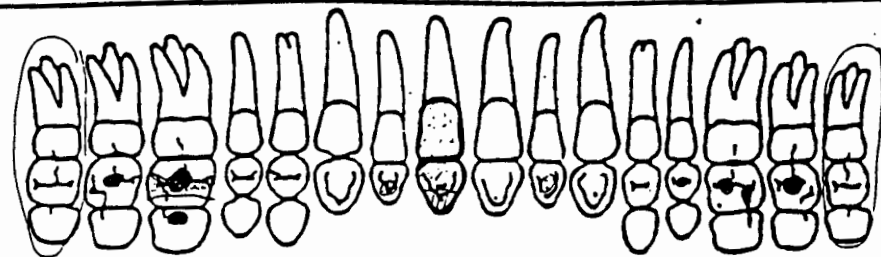
TO BE DETERMINED

Dentist Signature

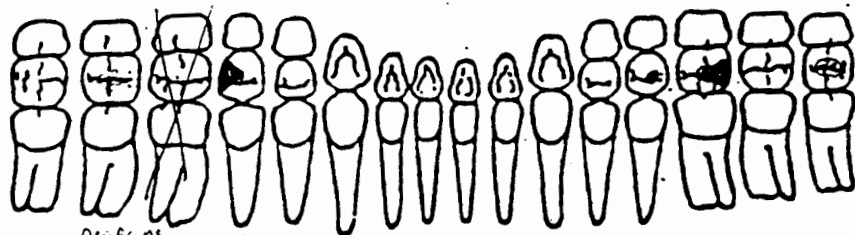
Date

*A. Schroeder RDH 6-22-00*

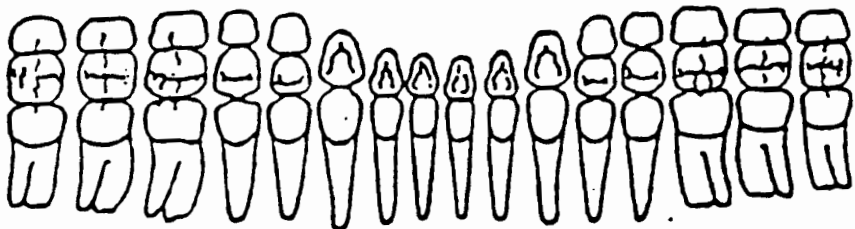
A. SCHROEDER, RDH



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name

Number

Sex: M F Age:

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

## Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis : Treatment - Remarks
6-27-00 1430		<p>Screening Exam - see Chartings.  All findings discussed with patient. Medical History reviewed.  Patient advised to submit Cop-art to receive future dental care.</p> <p>A. Schroeder RPH  A. SCHROEDER, RDH</p>
10-11-00 1245		<p>Admin note: It was noted on chart reviews that a Medical Consult was not submitted for stated health issues from health history that was filled out on 6-27-00. Medical Consult filled out and submitted effective today.</p> <p>S. Hartmann, CDA  S. HARTMANN  DENTAL ASSISTANT</p>
11-2-00 1101		<p>Rx: Clindamycin 600 mg (take entire dose one hour before dental prophylaxis appointment)</p> <p>Samuel J. Petrie</p>
11-2-00 1105		<p>Ord. Date 11/02/00 MONACO, DONALD S. PETRIE  13314-006  Exp. Date 11/02/00 TAKE 4 CAPSULES BY MOUTH NOW (1 HOUR BEFORE DENTAL APPT)  Rx # 3788 CLINDAMYCIN 150 MG CAP # 4</p> <p>J. Platte, RPh  J. PLATTE, RPh  CDR, USPHS  CHIEF PHARMACIST</p>

**FEDERAL BUREAU OF PRISONS  
DENTAL/MEDICAL HEALTH HISTORY FORM**

1. Are you currently taking any medication? yes no  
If so, what? IMMETREX - For MIGRAINES
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes no  
PENICILLIN
3. Have you been under the care of a physician during the past two years? If so, why? yes no  
MIGRAINES, LIVER DISEASE
4. Have you been hospitalized in the past two years? yes no  
If so, why? \_\_\_\_\_
5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no  
Calcified Aortic Valve + PVC's.
6. Do your ankles ever swell during the day? yes no  
NOT right now, but they have in the past.
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any dental treatment? yes no

Circle any of the following that you have had:

Congenital heart defects  
Heart attack or heart problems  
Stroke  
Rheumatic Fever maybe?  
Asthma  
Anemia (blood problems)  
Thyroid problems  
Chronic bronchitis  
Venereal disease (syphilis, gonorrhea)  
Arthritis  
Artificial heart valve  
Hepatitis C

Heart murmur  
Angina  
High Blood pressure ? maybe  
Heart pacemaker ? maybe  
Epilepsy or seizures  
Diabetes  
AIDS or HIV infection  
Emphysema  
Tuberculosis (TB)  
Psychiatric treatment ? psychotherapy  
Artificial joint

Do you have any disease, condition, or problem not listed? enlarged spleen, elevated liver enzymes, migraines  
WOMEN ONLY: Are you pregnant?

Name: Don Moraco

Reg No. 13314-006

Institution: FCI WASECA

Date: 6-22-00

## MEDICAL RECORD

## CONSULTATION SHEET

(1031)

## REQUEST

TO:

Dr. Mark Gray

FROM: (Requesting physician or activity)

Dr. Samuel Petrie

DATE OF REQUEST

10-11-00

REASON FOR REQUEST (Complaints and findings)

The patient states on the Health History that he has a history of "Congenital heart defects, Heart Attack or Heart problems, and questions Rheumatic Fever." I noted that he has been premedicated prior to dental treatment before. Could you please review this case and give us your recommendations regarding antibiotic prophylaxis for future dental appointments? Thank You!

## PROVISIONAL DIAGNOSIS

"Congenital Heart Defects, Heart Attack or Heart Problems, and questionable Rheumatic Fever"

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL
☒ ROUTINE  
☐ 72 HOURS

☐ TODAY  
☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED

☐ YES ☐ NO

PATIENT EXAMINED

☐ YES ☐ NO

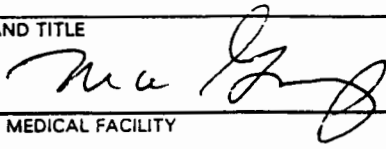
TELEMEDICINE

☐ YES ☐ NO

Hx. calcified aortic valve by  
 ECHO cardiogram. Would  
 recommend SBE prophylaxis.

(Continue on reverse side)

SIGNATURE AND TITLE



M.A. GRAY, M.D.

DATE

10-30-00

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR

SPONSOR'S NAME (Last, first, middle)

SPONSOR'S ID NUMBER (SSN or Other)

PATIENT'S IDENTIFICATION

(For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); Sex; Date of birth; Rank/Grade)

REGISTER NO.

WARD NO.

MONACO, DONALD  
 13314-006

## CONSULTATION SHEET

Medical Record

HEALTH SERVICES

FEDERAL CORRECTIONAL INSTITUTION

WASECA, MINNESOTA 56093

STANDARD FORM 513 (REV. 4-98)

Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)



CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
10-27-99	Pl. allergic to Penicillin 600mg	C. A. BAXER, DMD, CDO FCI TERMINAL ISLAND	
(cont)	Clindamycin given (4 tabs @ 150mg ea)	CABaxer	
polished #19 DO AMM.	Ther. given for procedure for antibiotic prophylaxis Polished #19 DO extraction + brown pt.		
	h.b. PRE-MED, CONT. TX PLAN.		
11-23-99	Review of med. hx. Pt. given.		
0800	600mg Clindamycin (4 tabs @ 150mg ea)		
#7 L	+ seen at 0900. RD isolation.		
#10 L	3 1/2 capsules (1.8cc ea) Atrax 1/2 xylocaine		
#13 O	21:00 000 epis. Removed (L) decay		
	#7 and (L) decay #10 and (O)		
	decay #13. Dyeal placed #7 + #10.		
	Deep #7 possible microscopic exposure		
	no bleeding observed. Pt. advised that		
	if symptoms occur - re-eval + possible		
	root canal may be indicated.		
	Sevtech bond etch #7 + #10, optibond		
	and. Herculite A3.5 denture used.		
	Polished: entrance burr. #13 hot		
	gluma desensitizer under dispassately	C. A. BAXER, DMD, CDO FCI TERMINAL ISLAND	
	amalgam. Checked occlusion	CABaxer	
	Post op instr given. Reviewed tx plan	AND	
	+ recommendation for end #17. Pt. uncertain		
	If he wants apt. + Dr. Hill get back to me (cont)		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility)

Monaco, Donald

FCI, Terminal Island

REGISTER NO.

13314-006

WARD NO.

DENTAL TREATMENT RECORD  
HRSA-237 (4/95)

**DENTAL TREATMENT RECORD (Continuation)**

C. A. ...

[illegible]

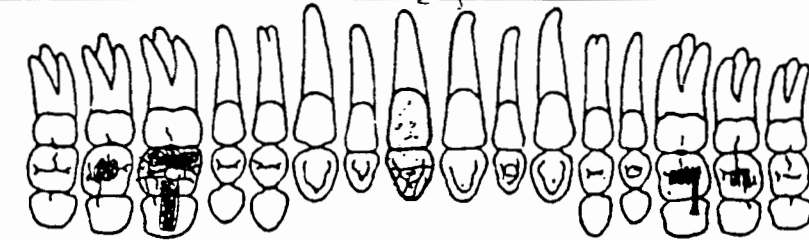
Examination: ☒ Screening ☒ Comprehensive ☐ Periodic

Occlusion Class I

Oral Hygiene Heavy plaque  
Good ☒ Fair ☐ Poor ☐

SPITN	3	3	3
PRE-MED	3	3	3
10.27.99			

Head & Neck/Soft Tissue WNL



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
(32) 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Additional Findings

D: 25  
M: 1  
F: 9

Pt states he doesn't smoke

Treatment Completed

Recommended Treatment Plan

☒ Radiographs

☒ Dental Prophylaxis  
☒ Oral Hygiene Instruction

☒ Periodontal Evaluation 0 I II III

☒ Oral Surgical Procedures

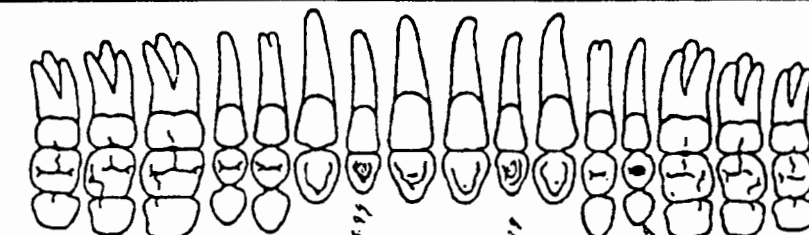
# 37 - EXL  
CB

☐ Endodontic

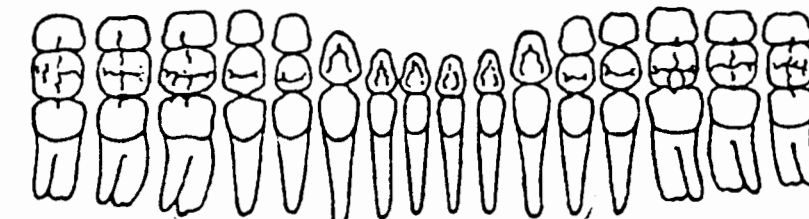
☒ Restorative

15-0 4/5 - watch root

☐ Prosthodontic Evaluation



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name Number Sex: ☒ M ☐ F Age: 40

Monaco, Donald

13314-006

DOR:

7-31-58

Dentist Signature

Date

2-25-99  
George J. Uppes, RDH  
FCI Terminal Island

FCI, Terminal Island CA Baxer, MD (CDO) 7-9  
FCI TERMINAL ISLAND, CA

# Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
2-25-99 1346		A & O exam, notification, OHE (handout given on flossing and brushing), reviewed medical hx, nutritional education given (advised to limit sugar consumption), head, neck and soft tissue exam. 2 min. Pascal 60:60 APF & SnF2 rinse (134mg F- total). G. Urrea, RDH FCI Terminal Island <i>George I. Urrea, RDH</i>
3-5-99 1205		Received cop out. Name added to waiting list. C. A. BAXER, DMD, CDO FCI TERMINAL ISLAND, CA Received cop out. Advised patient to sign up for sick call. <i>CABaxer</i>
9-13-99 1200		Received cop out. Name added to waiting list. already Rachelle A. Butler, DDS Dental Officer FCI Terminal Island <i>Rachelle A. Butler</i>
10-27-99 1230 propy SPR		A & O exam, notification, OHE (handout given on flossing and brushing), reviewed medical hx, nutritional education given (advised to limit sugar consumption), head, neck and soft tissue exam. 2 min. Pascal 60:60 APF & SnF2 rinse (134mg F- total). Pt. acknowledged an understanding of the plan, cleaning exam, concept of "water" + remineralization for future oral health support + decayed. Period type II. Pocket depths 3-4mm. Fair oral hygiene. OHE, TB, Floss, STIMUPAST, & disclosing table given. Polishing brushing demonstrated + reviewed plaque & disclosing table. Mild calculus noted mostly lower anterior. SPR! Propy with coarse Gems. Mildly polished. Bleeding on probing. Tissue firm. Consult E R Pelton concerning hx of heart calcifications. <i>CABaxer</i>

(cont)  
C. A. BAXER, DMD, CDO  
FCI TERMINAL ISLAND, CA



FEDERAL BUREAU OF PRISONS  
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes no  
If so, what? Midran for Migraines (only sometimes)
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes no  
PENICILLIAN WHEN I WAS A CHILD
3. Have you been under the care of a physician during the past two years? If so, why? yes no  
Hepatitis C, Heart Valve  
Liver Condition / Condition + papititions
4. Have you been hospitalized in the past two years? yes no  
If so, why? \_\_\_\_\_
5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes no
6. Do your ankles ever swell during the day? yes no  
They have swelled up on me after a drinking binge
7. Have you ever been treated for a tumor or growth? yes no
8. Have you ever had abnormal bleeding? yes no
9. Have you ever had serious difficulty with any dental treatment? yes no  
yes with cracked Fillings. They had to pull my Tooth + its hurting the right side of my mouth while I eat.
10. Have you ever had clicking, popping, or pain in your jaw joint? yes no

Circle any of the following that you have had:

Congenital heart defects enlarged AORTIC VALVE  
Heart attack or heart problems papititions  
Stroke PARACARDITUS  
Rheumatic Fever ?  
Asthma  
Anemia (blood problems)  
Thyroid problems one Time my Thyroid gland swelled up.  
Chronic bronchitis  
Venereal disease (syphilis, gonorrhea)  
Arthritis  
Artificial heart valve  
Hepatitis BC

Heart murmur  
Angina - in the past but not lately  
High Blood pressure  
Heart pacemaker  
Epilepsy or seizures  
Diabetes  
AIDS or HIV infection  
Emphysema  
Tuberculosis (TB)  
Psychiatric treatment personal counseling  
Artificial joint + Drug Rehab  
+ Alcohol

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes no

Do you have any disease, condition, or problem not listed?  
WOMEN ONLY: Are you pregnant?

Name: Dan Monaco  
Institution: FCI, Terminal Island

Reg No. 13314-006  
Date: 2-25-99

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO: DR. PELTON

FROM: (Requesting physician or activity) C.A. BAXER, DMD.

DATE OF REQUEST: 10-27-99

## REASON FOR REQUEST (Complaints and findings)

PATIENT HAS A HX OF CALCIFIED AORTIC VALVE WITH MILD A.I. by ECHO '92.

PLEASE EVALUATE FOR PRE-MED (PROPHYLAXIS FOR BACTERIAL ENDOCARDITIS). RECOMMENDATION WOULD BE ~~Amoxitillin~~ <sup>Clindamycin 600mg</sup> <sup>2 CB</sup> <sup>DMS</sup> <sup>error</sup> 1HR prior to dental procedures, as he states he is allergic to Penicillin.

## PROVISIONAL DIAGNOSIS

R/o RISK FOR BACTERIAL ENDOCARDITIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ RESIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED

☐

YES

☐

NO

PATIENT EXAMINED

☐

YES

☐

NO

It is Calcified Aortic Valve, mild AI - asymptomatic.  
 Recommend ~~Amoxicillin 2g~~ PO 1<sup>st</sup> a procedure  
 Clinda 300mg #11

J. Pelton

10-27-99

(Continue on reverse side)

SIGNATURE AND TITLE

DATE/TIME

IDENTIFICATION NO.

ORGANIZATION

FCI, TERMINAL ISLAND

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

MONACO, DONALD  
 13314-006

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)

Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

**FEDERAL PRISON CAMP  
DULUTH, MN**

**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED

UNIT: 208

DATE: 1/27/03

INMATE'S NAME: Monaco Donald

DETAIL: Unassigned

REG. NO.: 13314-006

**MEDICAL CLASSIFICATION STATUS: (Check one)**

( ) IDLE: \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_, 20 \_\_\_\_\_

( ) CONVALESCENT: \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_, 20 \_\_\_\_\_

( ) RESTRICTED DUTY: \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_, 20 \_\_\_\_\_

(X) OTHER: Please fit with low cut shoe - perhaps 9 EE

Pauline M  
Physician or Physician Assistant

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to room except for meals, religious services, sick call.

No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional privileges and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - Restricted from work around machinery, heights, heavy lifting, sports activities, etc., because of physical or mental handicap. List handicap, limitation and time period.

Distribution: Medical Records, Medical Records Staff, Unit Officer, Inmate, Control Center.



LVN-20-F

**MEDICAL REPORT OF DUTY STATUS**

NAME <u>Monaco, Donald</u>		HOSPITAL REGISTRATION NO. <u>13314-006</u>	
ADDRESS <u>F/S 208</u>			
INPATIENT	INCLUSIVE DATES OF TREATMENT From: <u>2-24-03</u> Through: <u>2-24-03</u>		
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED
		A.M.P.M.	A.M.P.M.
DISPOSITION	Can resume usual occupation <u>2-25-03</u>	DATE	Can perform limited duties as specified under REMARKS
	To return to clinic	DATE	To be hospitalized
	OTHER (Specify)		

REMARKS

Idle today

NAME AND LOCATION OF HOSPITAL OR CLINIC <u>FPC DTH</u>	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN <u>P. Pol</u>	DATE <u>2-24-03</u>
---	---	------------------------

WHITE-MEDICAL RECORD

YELLOW-INMATE

PINK-UNIT

GOLDENROD-WORK SUPERVISOR

**MEDICAL RESTRICTIONS**  
**FCI WASECA, MN**

INMATE: Monaco, Don UNIT: B  
REG#: 13314-006 DETAIL: Yard II

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

☒ Evaluated by medical staff: Date/Time 10/28/02 0710

**MEDICAL CLASSIFICATION STATUS:**

☐ Idle: Reason \_\_\_\_\_ Until \_\_\_\_\_  
DATE

☐ Restricted to Unit

☐ Complete Bedrest

☒ Convalescence: Restrictions No work  
Until 10/31/02  
DATE

☐ Restricted Duty: State type of restrictions \_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☒ Other: Return to Medical if symptoms  
occur

K. BRANDT, PA-C  
FOR USPHS  
CLINICIAN

**DEFINITIONS AND INSTRUCTIONS**

**IDLE STATUS** - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

**COMPLETE BEDREST** - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

**RESTRICTED DUTY** - List restriction, limitation, and time period.

**MEDICAL RESTRICTIONS**  
**FCI WASECA, MN**

INMATE: Monaco, Donald UNIT: B  
REG#: 13314 - 006 DETAIL: yard 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

☒ Evaluated by medical staff: Date/Time 9-29-02 1130

MEDICAL CLASSIFICATION STATUS:

☒ Idle: Reason \_\_\_\_\_ Until 9-30-02  
DATE

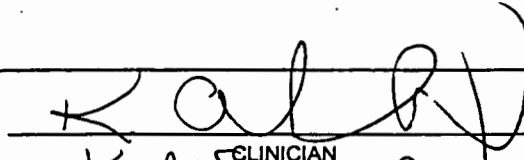
☐ Restricted to Unit

☐ Complete Bedrest

☐ Convalescence: Restrictions \_\_\_\_\_  
\_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☐ Restricted Duty: State type of restrictions \_\_\_\_\_  
\_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

  
K. Alford, RN  
CLINICIAN

**DEFINITIONS AND INSTRUCTIONS**

**IDLE STATUS** - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

**COMPLETE BEDREST** - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

**RESTRICTED DUTY** - List restriction, limitation, and time period.

# MEDICAL RESTRICTIONS

FCI WASECA, MN

INMATE: Monaco, Ronald

UNIT: B

REG#: 13314-006

DETAIL: Yard 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:



Evaluated by medical staff: Date/Time

4-15-02

1500

## MEDICAL CLASSIFICATION STATUS:



Idle: Reason

Until

DATE



Restricted to Unit



Complete Bedrest



Convalescence: Restrictions

Until

DATE



Restricted Duty: State type of restrictions

Until

DATE



Other:

1 pain "Foot Swollen" who unable to stay w/inmate (all time)

J. Zimmer

CLINICIAN

J. Zimmer

DEFINITIONS AND INSTRUCTIONS

PREM - Paramedic

FCI Waseca

**IDLE STATUS** - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

**COMPLETE BEDREST** - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

**RESTRICTED DUTY** - List restriction, limitation, and time period.

**MEDICAL RESTRICTIONS**  
**FCI WASECA, MN**

INMATE: Monahan, Donald UNIT: B  
REG#: 13314-0016 DETAIL: Light 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

☒ Evaluated by medical staff: Date/Time 4-2-02

**MEDICAL CLASSIFICATION STATUS:**

☒ Idle: Reason \_\_\_\_\_ Until 4-3-02  
DATE

☐ Restricted to Unit

☐ Complete Bedrest

☐ Convalescence: Restrictions \_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☐ Restricted Duty: State type of restrictions \_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

K. Peterson PAC  
K. PETERSON, PA-C  
CLINICIAN

**DEFINITIONS AND INSTRUCTIONS**

**IDLE STATUS** - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

**COMPLETE BEDREST** - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

**RESTRICTED DUTY** - List restriction, limitation, and time period.

# MEDICAL RESTRICTIONS

FCI WASECA, MN

INMATE: Monaco, Donald UNIT: D  
REG#: 13314-006 DETAIL: Yard II

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

☒ Evaluated by medical staff: Date/Time 10/30/00 1010

## MEDICAL CLASSIFICATION STATUS:

☐ Idle: Reason \_\_\_\_\_ Until \_\_\_\_\_  
DATE

☐ Restricted to Unit

☐ Complete Bedrest

☐ Convalescence: Restrictions \_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☐ Restricted Duty: State type of restrictions \_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☒ Other: May now use an upper  
limb if required.

M.A. Gray  
CLINICIAN  
M.A. GRAY, M.D.

## DEFINITIONS AND INSTRUCTIONS

**IDLE STATUS** - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

**COMPLETE BEDREST** - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

**RESTRICTED DUTY** - List restriction, limitation, and time period.



**MEDICAL RESTRICTIONS**  
**FCI WASECA, MN**

INMATE: Monaco, Donald UNIT: D  
REG#: 13314-006 DETAIL: Yard I

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

☒ Evaluated by medical staff: Date/Time 6/14/00 1230

**MEDICAL CLASSIFICATION STATUS:**

☐ Idle: Reason \_\_\_\_\_ Until \_\_\_\_\_  
DATE

☐ Restricted to Unit

☐ Complete Bedrest

☐ Convalescence: Restrictions \_\_\_\_\_  
Until \_\_\_\_\_  
DATE

☒ Restricted Duty: State type of restrictions Hearing restriction  
Until \_\_\_\_\_  
DATE

☒ Other: low bunk required, indefinite  
Soft shoe required, indefinite.  
M. A. Gray

CLINICIAN  
**M.A. GRAY, M.D.**

**DEFINITIONS AND INSTRUCTIONS**

**IDLE STATUS** - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

**COMPLETE BEDREST** - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

**RESTRICTED DUTY** - List restriction, limitation, and time period.

MEDICAL REPORT OF DUTY STATUS

NAME \_\_\_\_\_

MONACO, DONALD

HOSPITAL REGISTRATION NO

13314-imp

ADDRESS

B

Law Library

INPATIENT	INCLUSIVE DATES OF TREATMENT		
	From	Through	
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED
	7-8-99		
		AM/PM	AM/PM
DISPOSITION	Can resume usual occupation	DATE	DATE
	7-9-99		
		Can perform limited duties as specified under REMARKS	
	To return to clinic	DATE	DATE
		To be hospitalized	
	OTHER (Specify)		

REMARKS

Long in the Day

NAME AND LOCATION OF HOSPITAL OR CLINIC Fa - M	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORDS MAN Gan	DATE 7-8-95
FLEUR PANGANIBAN, P.A. TERMINAL ISLAND		IHS-131 (1/89)

IHS-131 (1/89)

FPI-LOM

# MEDICAL REPORT OF DUTY STATUS

NAME **MONACO, DONALD** HOSPITAL REGISTRATION NO.

ADDRESS **13314-006** **CMS-13** **13**

INPATIENT **002-07-31-1998** **FCI TERMINAL ISLAND 9073** Through:

OUTPATIENT DATE **4/9/99** TIME ARRIVED TIME DEPARTED

Can resume usual occupation DATE **4/10/99** A.M./P.M. Can perform limited duties as specified under REMARKS DATE

DISPOSITION To return to clinic DATE To be hospitalized DATE

OTHER (Specify)

REMARKS **Discontinue for the rest of the day**

NAME AND LOCATION OF HOSPITAL OR CLINIC SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN **[Signature]** DATE **4/9/99**

## FCI Terminal Island Health Services

# MEDICAL REPORT OF DUTY STATUS

NAME **Monaco, Don** HOSPITAL REGISTRATION NO.

ADDRESS **13314-006**

INPATIENT INCLUSIVE DATES OF TREATMENT From Through:

OUTPATIENT DATE TIME ARRIVED TIME DEPARTED

Can resume usual occupation DATE AM/PM Can perform limited duties as specified under REMARKS DATE

DISPOSITION To return to clinic DATE To be hospitalized DATE

OTHER (Specify)

REMARKS **① Hearing Restriction - NO Loud work environment**  
**② Shoes - no steel toe boots**

NAME AND LOCATION OF HOSPITAL OR CLINIC SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN **[Signature]** DATE **3/23/99**

**FCI Terminal Island  
Health Services**

**MEDICAL REPORT OF DUTY STATUS**

NAME		<i>Monaco, Donald</i>		HOSPITAL REGISTRATION NO.
ADDRESS <i>13314-006</i>				
INPATIENT	INCLUSIVE DATES OF TREATMENT			
	From	Through		
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED	
		AM/PM	AM/PM	
DISPOSITION	Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS	DATE
	To return to clinic	DATE	To be hospitalized	DATE
	OTHER (Specify)			
	REMARKS			

*Pt may have his Orthotics sent in if there are no objections*

**James K. Pelton, MD**  
Clinical Director  
FCI Terminal Island

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN <i>[Signature]</i>	DATE <i>3/3/59</i>
---	--	-----------------------

IHS-131 (1/89)

FPI-LOM

**FCI Terminal Island  
Health Services**

**MEDICAL REPORT OF DUTY STATUS**

NAME		<i>Monaco, Donald</i>		HOSPITAL REGISTRATION NO.
ADDRESS <i>13314-006</i>				
INPATIENT	INCLUSIVE DATES OF TREATMENT			
	From	Through		
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED	
		AM/PM	AM/PM	
DISPOSITION	Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS	DATE
	To return to clinic	DATE	To be hospitalized	DATE
	OTHER (Specify)			
	REMARKS			

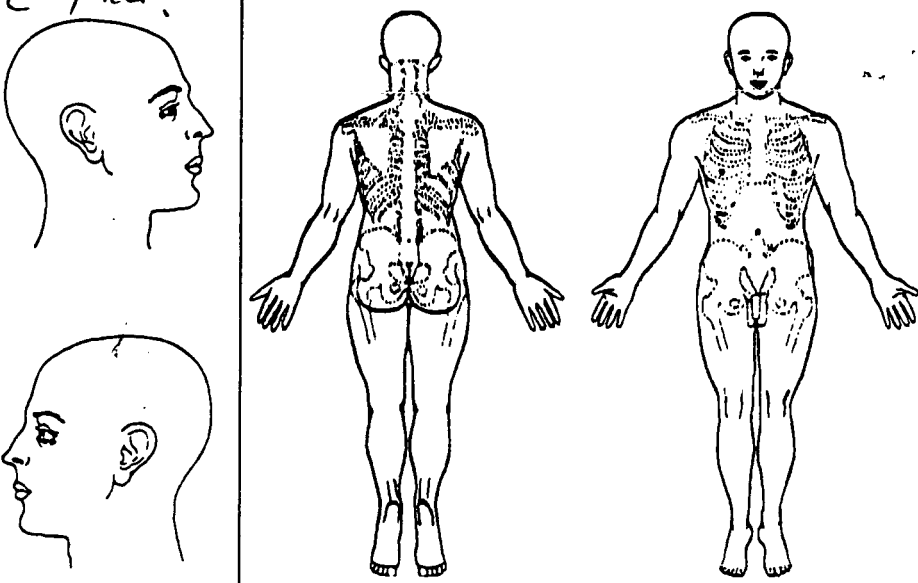
*Hearing Restricted - no work in high noise area*

**James K. Pelton, MD**  
Clinical Director  
FCI Terminal Island

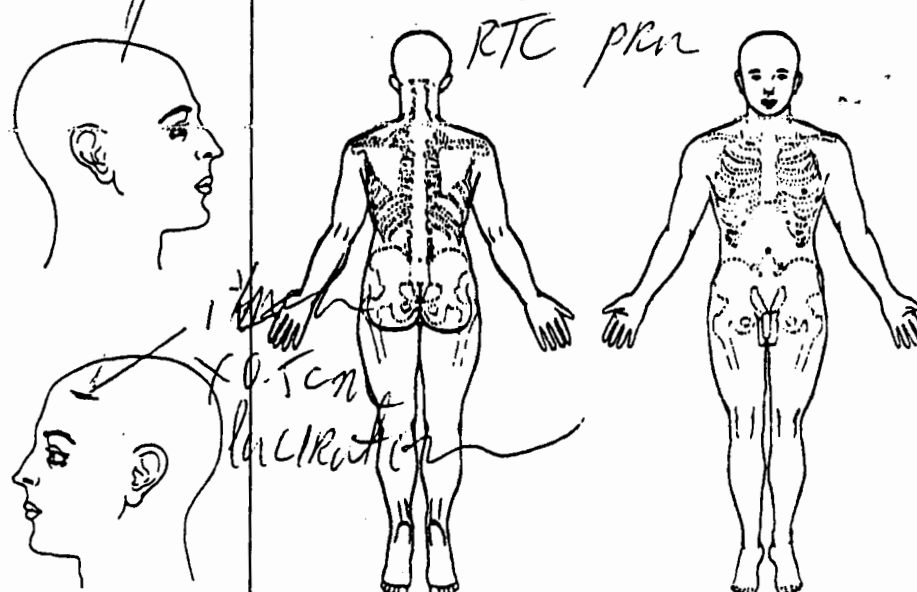
NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN <i>[Signature]</i>	DATE <i>3/3/59</i>
---	--	-----------------------

IHS-131 (1/89)

FPI-LOM

1. Institution <b>FCI - Terminal Island</b>		2. Name of Injured <b>MONACO, DON</b>		3. Register Number <b>13314-006</b>	
4. Injured's Duty Assignment <b>LIBRARIAN</b>		5. Housing Assignment <b>B</b>		6. Date and Time of Injury <b>4-24-99 1200</b>	
7. Where Did Injury Happen (Be specific as to location) <b>BOFTISAN</b>			Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Date and Time Reported for Treatment <b>4-28-99 1100</b>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <b>S: I WAS PLAYING FOOTBALL AND I HURT MY (L) SHOULDER WITH I FELL ON IT.</b>  <div style="text-align: right;"><b>✓ Don Monaco</b> Signature of Patient</div>					
10. Objective: (Observations or Findings from Examination) <b>0, 122/78 74 16 57.9°F</b>			X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results _____		
(L) SHOULDER: good ROM, NO point tenderness, good active & passive motion, C1 discoloration, PMS intact, C, crepitus, C1 anisopathy					
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <b>A contusion (L) shoulder</b>					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <b>P: Educ on care of (L) shoulder, meds, follow-up.</b> <b>Warm compress to affected area. Naproxen 275 x 1 BID x 5 days</b> <b>PR 1 w/ 1 day for follow-up in SIC</b> <b>RTC PRN.</b>					
13. This Injury Required:  <input type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input checked="" type="checkbox"/> d. Other (explain) <b>See # 12</b> <b>no idly</b>  <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician					
Signature of Physician or Physician Assistant					



1. Institution <b>FCI- TRM</b>	2. Name of Injured <b>Monaco, Donald</b>	3. Register Number <b>13314 - 006</b>
4. Injured's Duty Assignment <b>CMS 13</b>	5. Housing Assignment <b>B</b>	6. Date and Time of Injury <b>3-15-99 0930</b>
7. Where Did Injury Happen (Be specific as to location) <b>CMS office / shop</b>		8. Date and Time Reported for Treatment <b>3-15-99 1145</b>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <b>"I was sitting on my chair and I bump my forehead in the electrical box."</b> <div style="text-align: right;"><b>Don Monaco</b> Signature of Patient</div>		
10. Objective: (Observations or Findings from Examination) <b>PR 11/70 PR 70/70 RR 16/16</b> <div style="display: flex; justify-content: space-between;"> <span>X-Rays Taken</span> <span>Not Indicated</span> </div> <b>X-Ray Results</b> <b>(L forehead) clean laceration 1 inch x 0.5 cm, &amp; bleeding &amp; swelling</b>		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <b>Laceration (L forehead)</b>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <b>Cleaned &amp; Betadine solution</b> <b>Tet inj - C11K/PR</b> <b>Applied steri-strip</b> <b>No Ray in</b> <b>Reported to Lieut. Jones</b> <b>Educate: wound care</b>		
13. This Injury Required:  <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain)  <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician  <div style="text-align: right;"><b>PH</b> Signature of Physician or Physician Assistant</div>		

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Goldenrod - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD



U.S. Department of Justice  
Federal Bureau of Prisons

Medical Treatment Refusal  
(Rechazo de Tratamiento Médico)

8/3/00

Date

(Fecha)

1. Donald Monaco 13314-006  
(Name and Registration Number) (Nombre y Número de Registro)

refuse treatment recommended by the Federal  
(rechaza el tratamiento recomendado por el Personal)

Bureau of Prisons Medical staff for the following condition(s):

Médico del Bureau Federal de Prisiones, por las siguientes razones):

DESCRIBE IN LAYMAN'S TERMINOLOGY:

(DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

Chronic hepatitis C

The following treatment(s) was/were recommended:

(El siguiente tratamiento(s) fue/fueron recomendado(s)):

Ultrasound of liver/abdomen

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

treatment of hepatitis C can not be offered without this evaluation.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehúso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respetar y seguir mis expresos deseos y direcciones.)

Donald Monaco  
Patient's Signature and Date (Firma del Paciente y Fecha)

[Signature]  
Signature of Witness and Date

8/3/00  
(Firma del Testigo y Fecha)

Signature of Witness and Date

(Firma del Testigo y Fecha)

Original - Inmate's Medical Record

Canary - Hospital File

Pink - To Inmate



MONACO, DONALD

13314-006

DOB 07-31-1958

FBI WASECA, MN

EXHIBIT H

PRE ARREST MEDICAL RECORDS

THESE ARE JUST BUT A FEW THAT ARE AND STILL SHOULD BE AVAILABLE

PETITIONER ASKS THAT THE COURT HELP HIM THROUGH THE DISCOVERY PROCESS

TO HELP HIM RETREIVE MORE OF HIS MEDICAL FILES THAT ARE BEING DENIED HIM STILL.

\* Notes were on the original court copy + prosecutor copy that outlined the contents of these medical records in relationship to my <sup>current</sup> pre + post arrest medical problems. (see court copies).

ma 12/6/02



(907) 349-6613

[illegible]

D.O.B.: 07/31/58

Doctor: Gary Archer

Date: 07/08/92

Anch. Diagnostic Imaging Ctr.  
4003 Lake Otis, Anch., Ak 99508

563-3493

4003 Lake Otis Pa #101

Anchorage, Alaska 99508

(907) 563-3493

Clinical History:

☐ Routine

Exam Requested:

☐ Send films with patient

☐ Phone results to this number

2-D AND M-MODE ECHOCARDIOGRAM WITH DOPPLER FLOW STUDIES

Radiologist Report:

Study is compared with one done on 02/14/92 which showed calcific disease of the aortic valve and mild MR.

QUALITY OF THE PRESENT STUDY: Good.

1. PERICARDIUM: There is no effusion, although there is a trivial little echo-free space that may represent a small amount of physiologic pericardial fluid.

2. LEFT VENTRICLE: It contracts briskly. At the end of diastole it is a little over 5cm, at the end of systole just over 3cm with a normal ejection fraction. The septum and posterior wall are each about a centimeter thick or a little more.

3. LEFT ATRIUM: That chamber is 4cm in the AP plane and it looks normal. The mitral leaflets move freely.

4. AORTA: The root of the aorta moves briskly. It is under 3.5cm in the AP plane. The commissure between the left and the right coronary cusps is thickened and dense but there is adequate motion of the aortic valve leaflets. Doppler interrogation shows a jet of at least mild AI. The half time on the jet of AI is 746msec which is compatible with mild AI.

The dense calcific-looking mass located at the junction between the right and left coronary cusps could be in part vegetation; however, there is no flipping around or dishrag effect that is more commonly associated with vegetation. If there is a clinical suspicion of endocarditis, however, that should be followed up.

5. RIGHT VENTRICLE: That chamber is under 2.5cm in the AP plane and it looks normal. The tricuspid valve, RA, and root of the PA are all unremarkable.

DOPPLER interrogation shows normal antegrade flow patterns. There are trivial jets of MR and TR and mild AI.

IMPRESSION: Abnormal study.

1. Calcific-looking disease involving the aortic valve with mild AI.

2. Trivial to mild MR and TR with borderline LAE.

Compared with the study done 02/14/92, I do not see a significant change.



SHERMAN BEACHAM, M.D.

SB/jo

Name: DON MONACO  
D.O.B. 7-31-58  
Doctor  
Date: ARCHER  
7-9-92  
Anch. Diagnostic Imaging Ctr.  
4003 Lake Otis, Anch., AK 99508 563-3493

ANCHORAGE DIAGNOSTIC IMAGING CENTER

CLINICAL HISTORY:

\_\_\_\_ Routine.

\_\_\_\_ Send films with patient.

EXAM REQUESTED:

\_\_\_\_ Phone results to this number.

*CT Chest / Abd*

RADIOLOGIST REPORT:

CT LOWER CHEST AND UPPER ABDOMEN: Oral and intravenous contrast were administered. The descending aorta appears normal in caliber and course. The abdominal aorta is also entirely normal in caliber throughout its visualized length. The liver has a normal parenchymal pattern with no masses or nodules or infiltrative lesions. The spleen is large. The pancreas appears normal. The adrenal glands appear normal and the kidneys appear normal and appear to function well. No evidence of mesenteric or para-aortic lymph node enlargement.

IMPRESSION: Splenomegaly.

HAROLD F. CABLE, M.D./mh  
D&T-07/09/92

HAROLD F. CABLE, M.D.

4003 Lake Otis Parkway, #101

(907) 563-3493

Anchorage, Alaska 99508

HAROLD F. CABLE, M.D.

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Anchorage, Alaska 99508

HAROLD F. CABLE, M.D.

4003 Lake Otis Parkway, #101

(907) 563-3493

Anchorage, Alaska 99508

25 Feb 92

- Findings:
- ① aortic stenosis (mild)  $\bar{c}$  partial fusion of 2 leaflets  
 $\bar{c}$  mild outflow obstruction of ? etiology (? RHD, etc)
  - ② mild-moderate aortic insufficiency 2° to ①
  - ③ mild mitral regurgitation
  - ④ mild LAF, probably 2° to ③
  - ⑤ chest pain, possibly 2° to {esophageal  
 cor. artery spasm} - no evidence of C.A.D.
  - ⑥ inappropriate sudden sinus rate changes and  
 RARE PACS
  - ⑦ History of chronic hepatitis B +/- C  $\bar{c}$  recent  
 evidence of hepatic injury 2° to this +/- ETOH.

- Rec:
- ① prophylactic antibiotics for dirty procedures
  - ② Avoid isometric exercise (bench press, etc) -  
 but continue active aerobic program
  - ③ keep chest pain diary 1 month + RPE.
  - ④ obtain results of U.W. + Dr. Guntz's hepatic  
 evaluation



28 Feb 92

Don Monaco

5

Pt. ~~developed~~ <sup>sudden</sup> dizziness and ~~then~~ <sup>ant-lat sharp</sup> chest pain & radiation down <sup>to</sup> arm — lasted ~ 20" (dizziness) and 5" (pain) — yesterday evening — later, friends told pt he appeared pale & pt felt "nervous" & some twinges of chest pain — went to Humana ER. — told EKG + CXR was WNL. Had productive cough after (?)

PO: chest: clear

CVS: RSO. S<sub>1</sub>S<sub>2</sub> WNL x S<sub>1</sub> split. S @, A<sub>2</sub>S<sub>2</sub>, gallops, clicks  
Pm I 2/2 WNL — 5TH 1/5.

Imp: ① possible episode of coronary artery spasm  
② No pheochromocytoma, Eucinetoid — doubt

Rec: ① 24 hr urine for VMA, 5-HIAA  
② H<sub>2</sub>-II, ANA, RA, SR/Kr →  
③ Tarsal: Cardizom CD-180  
④ RTE 3/4 Kr

28 Feb 92:  
RA = POS (1:40)  
ANA = NEG  
SGPT = 224 (was 151 on 1/26)

/Sirs

4 Mar 92: ① Pt. did not take any Cardizom until about 1 hour ago — & then noted "flutters" over heart and then "lightening pain from chest to left arm" & feeling clammy. (BP 100/90 → 119/90 ↑)  
② Had multiple episodes of dull chest pain + occ sharp pains to ① shoulder between 2/28 and now. Also multiple epigastric symptoms (bloating).  
EKG → N.S.R. & ectopy

1 MAR 92

Don Monaco

6

PT developed some symptoms again last night — went to ER + had ECG — told was well — Pt. state these symptoms occurred once several months ago after exercise + maybe 2 times in the past. Pt states he also is under ↑ business stress.

Rec:

① Trial: Verelan 120 — if any symptoms —  
Then no meds at all — RTC 1 wk

② Vacation ASAP

/HMS

17 MAR 92

PT did not take Verelan. Was asymptomatic all week until after physical exercise program developed "surgong left out chest pain" lasting ~ 1', Then felt somewhat light headed for 10' — Then asymptomatic until this am when straining to urinate + noted onset of @ chest pain, lasting ~ 2', Then saw spots + noted fast P.R. and felt every 4<sup>th</sup>, 5<sup>th</sup> heart beat was weak.

ECG: Chest: clear  
W.S. 12L. 6 edgy

ECG → NSR  
6 lead C + P Valsalvas → NSR

Rec: ① PT remains very fearful. Wants ETT and careful recordings after to R/O rhythm disturbance

int: Don MONA (O)

SSN

DOB:

DATE

NOTES

12/23/47 (5) Patient returns to long absence. Has been under a stress. Has been having palpitations during the past 2 weeks when he feels a brief attack as though heart will feel SOB or gas briefly when this occurs. When exercising on stationary bike recently developed sharp chest pain which resolved when he stopped. Woke up with chest pain and left shoulder pain - sharp and within 10-15 minutes. Patient has hx of MI and ECG ABN BUT none x 11 months. Has hx of Hepatitis B, C with persistently elevated LFT's. Liver had liver biopsy.

(6) Heart: RM 5.5x3.5x 100g IV 1.5cm LWS

Lungs: COPD

ABO: EBV Enzyme negative

Lab: NSL, WNL

- 1/ Palpitations
- 2/ Hepatitis B, C - chronic
- 3/ Elevated LFT's 20 to 42

- 1/ Event monitor
- 2/ Continue alcohol to 100g
- 3/ 10 months

1/20/98 (5) Doing well - fewer palpitations - has started aerobic exercise and improves diet. Does not yet want referral to GI specialist for liver biopsy - wants to follow serial LFT's - is interested in trying milk thistle.

(6) Exam returns

Event monitor - one page showing ST elevation during "heart palpitations" d/w wife

- 1/ Palpitations
  - 2/ Chronic Hepatitis B, C
  - 3/ Elevated LFT's 20 to 42
  - 4/ Hypercholesterolemia
- will review event monitor

## PROGRESS NOTES

DOB:

## NOTES

Reviews even written  $\bar{C}$  in Buchanan  
 ASD. NAME PUC's - page of 51 elevation  
 is not significant - Robert W. Buchanan  
 Buchanan

⑤ Doing well - only have 10. hrs. wks.  
has started with knitter. want to  
recheck LPTS.

⑥ Requested letter to his NEPA's councillor because  
would like to return out of the construction  
field into other type work

⑥ 1 pers. RU 515253, Sy. Large Foli. fern culs

$$\text{Ag}^+ + \text{CN}^- \rightarrow \text{AgCN}$$

Mo: Off m empty notebook.

① P-1 (10/14) not material. D6 61.05/10 4.0  
AST - 66, RT 131  
WOL - 206, WOL - 143, WOL - 35

(A) / BILANIL KANTORI C

2/ Eleuterio Martin & Olesun

3/ hypercholesterolemia

Q. Again discuss renal for 60 seconds  
for liver biopsy - what decline

2/p-1

31 Feb 1968

*[Handwritten signature]*



# OUTPATIENT REGISTRATION

ACCOUNT NUMBER 51219558		REGISTRATION DATE/TIME 11/17/1991 00:24		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180	
ADMITTING DIAGNOSIS BLURRED VISION/HA				VALUABLES OPN		PRIOR MILITARY NO		ANS ELIG NO	
MEDICARE NO				MEDICAID NO					
ADMITTING PHYSICIAN NUMBER & NAME 001941 CAREY MD, EVA M				ADMITTING PHYSICIAN ADDRESS PO BOX 196604 ANCHORAGE AK 99519				ADM PHYS PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 001941 CAREY MD, EVA M				ATTENDING PHYSICIAN ADDRESS ANCHORAGE AK 99519				ATT PHYS PHONE	
ADM SOURCE		DATE OF SERVICE		PT TYPE E		FIN CLASS 6		INS 1 C19	
								INS 2 WHS	
PATIENT NAME MONACO, DONALD, J				PATIENT MAILING ADDRESS 2900 BUNIFACE 625 ANCHORAGE AK 99504				PATIENT PHONE 907-563-766	
DATE OF BIRTH 07/31/58		AGE 33Y		SEX M		MIS S		RACE C	
RELIGION CAX		SOC SECURITY NO. 554-15-3829		NO		OCCUPATION SELF-EMP			
PATIENT EMPLOYER DONCO ENTERPRISE		HOW LONG 4Y		EMPLOYER ADDRESS SAME AS RESIDENCE				EMPLOYER PHONE	
RELATIVE NAME MONACO, DONALD F		REL N		RELATIVE ADDRESS 501 STEWART RD MEDESTE CA 95850				RELATIVE PHONE 209-578-091	
OCCUPATION		RELATIVE EMPLOYER		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
EMERGENCY CONTACT BLUU, ROBIN		REL D		EMERGENCY ADDRESS ANCHORAGE AK XXXXX				EMERGENCY PHONE 907-344-883	
RELATIVE COMMENTS PT ESCORTED IN BY FRIEND VIA PRI VEH									
GUARANTOR NAME MONACO, DONALD, J		REL P		GUARANTOR MAILING ADDRESS 2900 BUNIFACE 625 ANCHORAGE AK 99504				GUARANTOR PHONE 907-563-766	
OCCUPATION SELF-EMP		GUARANTOR EMPLOYER DONCO ENTERPRISE		HOW LONG 4Y		EMPLOYER ADDRESS		EMPLOYER PHONE	
GUARANTOR SOC SEC NO. 554-15-3829		GUARANTOR STREET ADDRESS 700 W 58TH UNIT G ANCHORAGE AK 99508				GUARANTOR COMMENTS			
INSURANCE COMPANY PRIMARY C19\MUTUAL OF OMAHA/				INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA NE 68175				TREAT AUTH	
OCC CODE 6		OCC DATE 11/16/91		OCC TIME 00:00		SUBSCRIBER NAME MONACO, DONALD, J		REL P	
DATE OF BIRTH 07/31/58		SUBSCRIBER NO. 554153829		GROUP NO.					
SUBSCRIBER EMPLOYER DONCO ENTERPRISE		EMP STATUS 1		HOW LONG 4Y		EMPLOYER ADDRESS		EMPLOYER PHONE	
SUPERVISOR IF WC				INSURANCE PRIMARY COMMENTS COPY OF INS CARDS IN FILE/ IF MORE INS INFO IS NEEDED CONTACT DOUG SCHAEFFER AT 349-2229 THROUGH MUTUAL OF OMAHA...111791 CAL					
INSURANCE COMPANY SECONDARY				INSURANCE ADDRESS				TREAT AUTH	
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NO.		GROUP NO.	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
INSURANCE SECONDARY COMMENTS									
INSURANCE COMPANY TERTIARY				INSURANCE ADDRESS				TREAT AUTH	
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NUMBER		GROUP NUMBER	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
INSURANCE TERTIARY COMMENTS									



# OUTPATIENT REGISTRATION

PROVIDENCE HOSPITAL  
ANCHORAGE, ALASKA

ACCOUNT NUMBER 51220317		REGISTRATION DATE/TIME 11/17/1991 16:22		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180	
ADMITTING DIAGNOSIS D1221NESS/INC. HEART RAT				VALUABLES OWN		PRIOR MILITARY NO		ANS ELIG NO	
ADMITTING PHYSICIAN NUMBER & NAME 004796 MERCHANT MD, CLI				ADMITTING PHYSICIAN ADDRESS PO BOX 6604 - E.R. ANCHORAGE AK 99502				ADM PHYS PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 004796 MERCHANT MD, CLI				ATTENDING PHYSICIAN ADDRESS PO BOX 6604 - E.R. ANCHORAGE AK 99502				ATT PHYS PHONE 261-3111	
ADM SOURCE		DATE OF SERVICE		PT TYPE E		FIN CLASS 6		INS 1 C19	
								INS 2 BS	
PATIENT NAME MONACO, DONALD, J				PATIENT MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508				PATIENT PHONE 907-563-7661	
DATE OF BIRTH 07/31/58		AGE 33Y		SEX M		M/S S		RACE C	
RELIGION CAX		SOC SECURITY NO. 554-15-3829		NO		OCCUPATION GROUNDS MAINTEN			
PATIENT EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS				EMPLOYER PHONE	
RELATIVE NAME BUDD, ROBIN		REL		RELATIVE ADDRESS D 10037 THIMBLE BERR ANCHORAGE AK 99515				RELATIVE PHONE 907-344-8831	
OCCUPATION SELF		RELATIVE EMPLOYER		HOW LONG		EMPLOYER ADDRESS			
EMERGENCY CONTACT		REL		EMERGENCY ADDRESS				EMERGENCY PHONE	
RELATIVE COMMENTS TO ER VIA PRIV VEH.									
GUARANTOR NAME MONACO, DONALD, J				REL P				GUARANTOR MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508	
OCCUPATION GROUNDS MAINTEN				GUARANTOR EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS	
GUARANTOR SOC SEC NO. 554-15-3829				GUARANTOR STREET ADDRESS 700 W 58TH ANCHORAGE AK 99508				GUARANTOR COMMENTS	
INSURANCE COMPANY PRIMARY C19/MUTUAL OF OMAHA/				INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA NE 68175				TREAT AUTH	
OCC CODE 6		OCC DATE 11/16/91		OCC TIME 00:00		SUBSCRIBER NAME MONACO, DONALD, J		REL P	
DATE OF BIRTH 07/31/58		SUBSCRIBER NO. 554153829		GROUP NO. 207384582					
SUBSCRIBER EMPLOYER SELF		EMP STATUS 4		HOW LONG		EMPLOYER ADDRESS			
SUPERVISOR IF WC		INSURANCE PRIMARY COMMENTS COPY OF INS CARD IN FILE..CPL 111791							
RACE: CAUCASIA RELIGION: CATHOLIC-NO PARISH									
INSURANCE COMPANY SECONDARY				INSURANCE ADDRESS				TREAT AUTH	
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NO.		GROUP NO.	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS			
INSURANCE SECONDARY COMMENTS									
INSURANCE COMPANY TERTIARY				INSURANCE ADDRESS				TREAT AUTH	
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NUMBER		GROUP NUMBER	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS			
INSURANCE TERTIARY COMMENTS									

UNIT NUMBER 220317		DATE/TIME IN 11/17/1991 16:22					
PATIENT NAME NACO, DONALD, J		DATE OF BIRTH 07/31/58	AGE 33Y	SEX M	MODE OF ARRIVAL WI	ACCOMPANIED BY FR	MED. REC. NO. 000000207180

ATTENDING PHYSICIAN VERSTEN DO, GREGORY B		CATEGORY B	ON-CALL PHYSICIAN HOVERSTEN DO, GREGO	CATEGORY B	EMERGENCY PHYSICIAN MERCHANT MD, CLI
COMPLAINT DIZZINESS/INC. HEART RATE		PRIORITY I	<input type="checkbox"/> PMO BEEPED (Times) <input type="checkbox"/> PMO COMING <input type="checkbox"/> PMO REQUEST EMO <input type="checkbox"/> PATIENT REQUESTED EMO		TREATMENT RM TIME 1640 TREATMENT NURSE 

RE RETURNS TO ER TODAY, LWBS THIS AM  
1 AM. C/O EPISODES OF BLURRED  
VISION, DIZZINESS, RAPID HEART RATE,  
DISCOMFORT, TINGLING OF HANDS.  
AMBULATORY MALE, NAD. AO X3.

denies use of eton  
or street drugs

GE NURSE SIGNATURE  
CATIONS  
INE

*B. Summerville*

VITAL SIGNS			NURSES NOTES
TIME	BP	P/R	
			1645: Monitor NSR
			Secondary - clear
			1730: Resting easy
			aware awaiting
			lab results - clearing
			Pt off Monitor per Dr. Versten
			Moved to Rm 4-3. Report
			to B. Beunard - 1740

5/72	TEMP 96.9	PULSE 65	RESP 16	DATE OF LAST TETANUS	ALLERGIES NKA
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PHYSICIAN EVALUATION	
IE <input type="checkbox"/> Diphtheria Tetanus Adult 0.5cc Im Mfg. Lot No. <input type="checkbox"/> OLD CHART <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> ER PANEL <input type="checkbox"/> NURSE CALLBACK: (DATE) MEDICATION PREPARATIONS MEDICATION DOSE DISCHARGE DISPOSITION <input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> EXPIRED <input type="checkbox"/> AMA <input type="checkbox"/> TRANSPORTED TO: <input type="checkbox"/> ADMITTED Time <input type="checkbox"/> LEFT BEING SEEN	M.D. TIME 1650 CL Dr. Versten CL epial this AM of Dr. Versten & Son I going to be some nausea barely holding Hx of Hypertension walking a bit lately - usually out as well but no problem EMO only glad 3 hours - right up lot of gag but few no other Hx of "cluster migraine" 8-10 per week. Ed's F&M very nervous next suspect. about one. very nervous and trigger is vari chest clean when Absolut for family Anxiety, Hx of "migraine" note M.D. 11/17/91 DATE 1830 TIME CONDITION ON DISCHARGE <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> AS ABOVE <input type="checkbox"/> WORK RELEASE DAYS

# OUTPATIENT REGISTRATION

PROVIDENCE HOSPITAL  
ANCHORAGE, ALASKA  
MEDICAL RECORD NUMBER

ACCOUNT NUMBER 51222321		REGISTRATION DATE/TIME 11/19/1991 14:38		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180	
ADMITTING DIAGNOSIS NOT FEELING WELL				VALUABLES OPN		PRIOR MILITARY NO		ANS EUG. NO	
ADMITTING PHYSICIAN NUMBER & NAME				ADMITTING PHYSICIAN ADDRESS				ADM PHYS PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 002824 INGRAHAM MD, DAV				ATTENDING PHYSICIAN ADDRESS PO BOX 6604 - E.R. ANCHORAGE AK 99519				ATT PHYS PHONE 261-3111	
ADM SOURCE		DATE OF SERVICE		PT TYPE E		FIN CLASS 6		INS 1 C19	
								INS 2 JBB	
PATIENT NAME MONACO, DONALD J				PATIENT MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508				PATIENT PHONE 907-563-7666	
DATE OF BIRTH 07/31/58		AGE 33Y		SEX M		MIS S		RACE C	
								RELIGION CAX	
								SOC SECURITY NO. 554-15-3829	
								NO	
								OCCUPATION GROUNDS MAINTEN	
PATIENT EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS				EMPLOYER PHONE	
RELATIVE NAME BUUD, ROBIN		REL D		RELATIVE ADDRESS 10037 THIMBLE BERR ANCHORAGE AK 99515				RELATIVE PHONE 907-344-8832	
OCCUPATION SELF		RELATIVE EMPLOYER		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
EMERGENCY CONTACT		REL		EMERGENCY ADDRESS				EMERGENCY PHONE	
RELATIVE COMMENTS TO ER VIA PRIV VEH.									
GUARANTOR NAME MONACO, DONALD, J		REL P		GUARANTOR MAILING ADDRESS 700 W 58TH ANCHORAGE AK 99508				GUARANTOR PHONE 907-563-7666	
OCCUPATION GROUNDS MAINTEN		GUARANTOR EMPLOYER SELF		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
GUARANTOR SOC SEC NO. 554-15-3829		GUARANTOR STREET ADDRESS 700 W 58TH ANCHORAGE AK 99508		GUARANTOR COMMENTS					
INSURANCE COMPANY PRIMARY C19\MUTUAL OF OMAHA/		INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA NE 68175		TREAT AUTH					
OCC CODE :		OCC DATE :		OCC TIME :		SUBSCRIBER NAME MONACO, DONALD, J		REL P	
						DATE OF BIRTH 07/31/58		SUBSCRIBER NO. 554153829	
								GROUP NO. Q07384532	
SUBSCRIBER EMPLOYER SELF		EMP STATUS 4		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
SUPERVISOR IF WC		INSURANCE PRIMARY COMMENTS COPY OF INS CARD IN FILE..CPL 111791							
RACE: CAUCASIA RELIGION: CATHOLIC-NO PARISH									
INSURANCE COMPANY SECONDARY		INSURANCE ADDRESS				TREAT AUTH			
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NO.		GROUP NO.	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
INSURANCE SECONDARY COMMENTS									
INSURANCE COMPANY TERTIARY		INSURANCE ADDRESS				TREAT AUTH			
SUBSCRIBER NAME		REL		DATE OF BIRTH		SUBSCRIBER NUMBER		GROUP NUMBER	
SUBSCRIBER EMPLOYER		EMP STATUS		HOW LONG		EMPLOYER ADDRESS		EMPLOYER PHONE	
INSURANCE TERTIARY COMMENTS									



PROVIDENCE HOSPITAL

3200 PROVIDENCE DR.  
P.O. BOX 196804  
ANCHORAGE, AK 99519-6804

ACCOUNT NUMBER 222321		DATE/TIME IN 11/19/1991 14:38					
PATIENT NAME NACO, DONALD J		DATE OF BIRTH 07/31/58	AGE 33Y	SEX M	MODE OF ARRIVAL WI	ACCOMPANIED BY SL	MED. REC. NO. 000000207180
ATTENDING PHYSICIAN HOVERSTEN DO, GREGORY B		CATEGORY B	ON-CALL PHYSICIAN HOVERSTEN DO, GREGO		CATEGORY B	EMERGENCY PHYSICIAN INGRAHAM MD, DAV	
COMPLAINT NOT FEELING WELL <i>Return visit</i>		PRIORITY I	<input type="checkbox"/> PMD BEEPED (Times) <input type="checkbox"/> PMD REQUEST EDMD		<input type="checkbox"/> PMD COMING	TREATMENT RM TIME	TREATMENT NURSE
NURSE NOTES: THIRD VISIT TO ER IN 3 DAYS. TREATED HERE FOR STRESS, ANXIETY. NOW C/O MIGRAINES X 3 DAYS, DIZZINESS, VOMITING, NOT FEELING WELL, SWEATING, LOOKING PALE. NAD: <i>Also concerned re possible heart attack. No dull chest pain</i>		VITAL SIGNS TIME BP P R		NURSE'S NOTES <i>1610 Discharged ambu- latory &amp; f/u instruction to come back 11/21 @ 3:30 for CT. G. Johnson</i>			
NURSE SIGNATURE <i>[Signature]</i>		CONTINUES ON NURSE NOTES <input type="checkbox"/> YES <input type="checkbox"/> NO					
12-82	TEMP 98.3	PULSE 70	RESP N	DATE OF LAST TETANUS		ALLERGIES PCN?	

PHYSICIAN EVALUATION	
PHYSICIAN ORDERS	M.D. TIME 1519
<input type="checkbox"/> Diphtheria Tetanus Adult 0.5cc Im Mfg. Lot No.	
<input type="checkbox"/> OLD CHART	
<input type="checkbox"/> CBC	
<input type="checkbox"/> ER PANEL	
<i>W/ERG - his point</i>	
<i>Sched out for CT @ 3:30 contrast Results to Dr. Hoversten</i>	
<input type="checkbox"/> NURSE CALLBACK: (DATE)	
E MEDICATION DOSE	
DISCHARGE DISPOSITION	
<input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> EXPIRED <input type="checkbox"/> AMA <input type="checkbox"/> TRANSPORTED TO: <input type="checkbox"/> ADMITTED Time <input type="checkbox"/> LEFT & BEING SEEN	
CONDITION ON DISCHARGE	
<input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> AS ABOVE <input type="checkbox"/> WORK RELEASE DAYS	
DATE 11/19/91 TIME	
ED CLINICAL WORKSHEET	

Saint Mary's Regional Medical Center  
ATTN: Accounting and Old Records Dept.  
235 West 6th Ave.  
Reno, Nevada 89520

rec. back on 15  
4-29-02

Dear Accounting and Old Records Department,

Hello, my name is Don Monaco and I believe that I was an emergency patient at your hospital by way of ambulance back in the early or mid 1990s. My date of birth is 7-31-58 and my Social Security number is 554-15-3829. I'm not sure of the exact date, but I was brought in because of a suspected heart attack that turned out to be a panic-anxiety attack because of adverse reactions to medicine received earlier in the day from the Century Clinic in Reno.

Can you please research this information and send me copies of any and all records, documents, treatments, doctors' notes, billing statements and tangible items related to this emergency visit? Can you also provide me with the names, titles, addresses, and telephone numbers of anyone and everyone who has knowledgeable information as an expert on this subject?

Can you please respond within two working weeks from the reception of this letter?

Thank you.

Dated: 4-9-02 ✓

Respectfully submitted by:

Donald James Monaco ✓

Donald James Monaco  
13314-006, Unit-B  
P.O. Box 1500, F.C.I.  
Waseca, MN 56093

CC: DM/MF

RECEIVED

104 11 100

CHARTONE





SAINT MARY'S REGIONAL MEDICAL CENTER  
235 W. SIXTH ST. RENO, NV. 89520-0108  
TELEPHONE: (702)323-2041

**EMERGENCY**

DISCHARGE DATE:

FINAL DIAGNOSIS:

UNIT NO: 52-70-24

ACCOUNT NO:0003506431

PC:P

PT NAME:MONACO,DONALD J

ADDRESS:2900 BONIFACE PK 625

CITY,ST,ZIP:ANCHORAGE

AK 99504

PHONE:(907)563-7669

SOC SEC NO:554-15-3829

COUNTY:

RESIDENT SINCE:

DOB:07/31/58 AGE:33Y

RACE:1

SEX:M

M/S:SINGLE

PRE CLERK:

CLERK:ME

EXPECTED ADM DT:

RELIG:

BIH:CA

PT EMP:;DONCO ENT

OCCU:SELF EMP

ADDRESS:

ANCHORAGE

AK 99504

EMP PHONE:(907)563-7669

REG DATE: 01/24/92 REG TIME:05:10

SERVICE:ERM

ID NO:554153829 EMP STATUS:4

PT TYPE:EMR

EMP SINCE:

PT CLASS:

REG DIAG:ETD

LANGUAGE:ENGLISH

REG PHYS: CACIOPPO D.O.,(702)789-3188 CODE:7410

REF PHYS: NO LOCAL,MD

CODE:9969

ACCIDENT TYPE:

DATE:

ACCIDENT TIME:

PLACE:

VALUABLES:

DISPO:

ARRIVED PER:REMSA

GUAR REL:SELF

NAME:MONACO,DONALD J

ADDRESS:2900 BONIFACE PK 625

CITY,ST,ZIP:ANCHORAGE

AK 99504

PHONE:(907)563-7669

RESIDENT SINCE:

DOB: AGE:

SOC SEC NO:554-15-3829

GUAR EMP:;DONCO ENT

OCCU:SELF EMP

ADDRESS:

ANCHORAGE

AK 99504

EMP PHONE:(907)563-7669

EMP STATUS:4 SINCE:

RELATIVE ONE REL:NLC

NAME:C,C

ADDRESS:PEPPERMILLPEPPERMILL

CITY,ST,ZIP: RM M-62

NV 89502

PHONE:

SOC SEC NO:

INS ONE:9800-COMMERCIAL INSURANC REL:

NAME:MONACO,DONALD J

INS EMP:;DONCO ENT

ADDRESS:

CITY,ST,ZIP:OMAHA

NE

COMMENT:MUTUAL OF OMAHA (2 POLICIES)

GROUP NAME:PRIVATE

GROUP NO:007 384582

EMP STATUS:4 ID NO:554153829

CERT/POL NO:F15 328981

CLAIM/CASE NO:

EMP PHONE:(907)563-7669





SAINT MARY'S  
235 WEST SIXTH STREET.

REGIONAL MEDICAL CENTER E  
RENO, NEVADA 89520

AGENCY RECORD  
(702) 789-3188

527024

DRUG ALLERGIES PENICILLIN		SMOKER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ARRIVED 0510	TRADE 0510	IN ROOM 0510	IN MD BOX 0520	SEEN 0540
TREATMENTS Cefixox 100% on 4/11/92 5/10/92 0740 - Pt left ambulatory w assistance no pain. A+ex3. — S Klein RN				CHIEF COMPLAINT Near syncope episode per patient's report. Incident occurred ~ 1/2 hr. in am. also 4/11/92 Chest pain. — R.N.				
				CURRENT MEDICATIONS Hepatitis-B + C				
				ON ADMISSION 0510 → 120/84 96% 84 16				
				TIME 2 11/40 — 92 —				
LAW ENFORCEMENT		EMPLOYER		AMBULANCE		TIME		
PHYSICIAN NLMC	CALLED	CALLED	RESPONDED	ARRIVED	ON CALL PHYSICIAN	CALLED	CALLED	RESPONDED
CONSULT 1	CALLED	CALLED	RESPONDED	ARRIVED	CONSULT 2	CALLED	CALLED	RESPONDED

S. This 33 yow M with light-headedness  
Orthostatic feeling for several wks.  
off on but most recently  
1042 PTA dinner HA. w + v + d  
PMH Chronic recurrent Hep B + C  
Kos & has to see Holistic clinic

O. S. w/o + pul  
HEENT. Perla, Ears, d/d  
RM udder, neck lymph  
Hx = @ B R  
L. CM - wheezing  
Hx 8/97 B 5 @ 6/9  
Neuro. PRR + 4 + 4 N-XII intact  
Hx 07/01 x 3  
Hx Glider @ cyanosis

w/o 0630 fall - / Hx 12/01 x 3  
w/o 0200 car @ - brownish stool  
hypotension. recovery - quick  
Auto orthostatic hypotension  
401.9 SA

DOCTOR'S SIGNATURE <i>[Signature]</i>	RECEIVED SIGNATURE
DISCHARGE NURSE'S SIGNATURE <i>[Signature]</i>	
TIME 0740	DISPOSITION <input checked="" type="checkbox"/> HOME <input type="checkbox"/> ADMIT
CONDITION <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> OTHER	ACUTY 3
UNIT COORDINATOR K Byrnes	

MONACO, DONALD J  
PT: 0003506431 ERM 52-70-24  
AD: 01/24/92 FC: P 33Y M  
PH: (907) 563-7669 DOB: 07/31/58

CHART

Family/Friend	MEDICATION/DOSE/TREATMENT/IV	ROUTE/SITE	SIGNATURE	RESPONSE
Police	DISCUSSED RE/ADMISSION TECHNIQUE ETC PTW			
Other				
DISPOSITION				
Home				
Other Facility				
AMA				
Expired				
DOA in ED				
ADMIT				
Diagnosis	injury attack		Code	Physician Signature
	- 4 LFTS		300.00	<i>[Signature]</i>
			744.8	Nurse Signature
DISCHARGE				<i>[Signature]</i>